

Comanche Nation Home-Delivered Meal Intake Form

Today's Date: _____ Referred By: _____

ELDERS CONTACT INFORMATION (Need Copy of Proof of Residence & Tribal ID)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ Date of Birth: _____ Weight _____

Directions to Home/Color of House/Cross Streets/ Identifying Landmarks:

Does the elder own a Dog? What could interfere with the delivery _____ Yes _____ NO

May the delivery person enter the elder's home after knocking, without waiting for a response from the elder? _____ Yes _____ No

Current Telephone: _____ Message # _____

Married: _____ Yes _____ No Spouse: _____

Date of Birth: _____ Alternate Telephone # _____

Please state why elder is unable to leave home without assistance because:

Please fill out above question this will determine if you are eligible for Delivered Meals.

MEAL INFORMATION

Number of Meals to be delivered per week: _____

Special considerations: No Sweets ____ No Bread ____ Milk ____

Other Special Instructions (Allergies/Food Preferences): _____

PHYSICAL CONDITION

Physician Name: _____ Physician Phone # _____

ILLNESS & MEDICATIONS:

Do you sometimes lose interest in things you used to enjoy: Yes ____ No ____

Elder should be Re-Checked in: 3 Months ____ 6 Months ____ 12 Months ____

DISASTER/EMERGENCY INFORMATION

In emergency, elder should be priority: 1. ____ High or 2 ____ Low

Does elder need emergency water: Yes ____ No ____

CAREGIVER INFORMATION

Caregiver Name & Schedule:

Caregiver is: Paid ____ Unpaid ____ Related ____ Not Related ____

ELDERS SIGNATURE:
